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AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	08/713,007
Filing Date	09-12-1996
First Named Inventor	JOHN DAVIDSON
Art Unit	2743
Examiner Name	CHAN, WING F
Attorney Docket Number	—

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith. *To:**VISUAL INTERACTIVE PHONE CONCEPTS, INC*

OR

I hereby appoint the practitioners associated with the Customer Number: 

Please change the correspondence address for the above-identified application to:

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I am the:



Applicant/Inventor.



Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

*Total of *2* forms are submitted.

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